

Please consider registering on-line, - www.mcep.org

ASSEMBLY REGISTRATION FORM

MICHIGAN EMERGENCY MEDICINE ASSEMBLY • JULY 30-AUGUST 2, 2017 • GRAND HOTEL, MACKINAC ISLAND, MI

Return form to: MCEP, 6647 West St. Joseph Hwy., Lansing, Michigan, 48917, (517) 327-5700, FAX: (517) 327-7530, mcep@mcep.org

Special Accommodations: Please indicate if you require special accommodations in order to fully participate. Attach a written explanation.

Name _____

Payment Method: Check Enclosed MasterCard VISA AMEX

Address _____

Card # _____

City/State/Zip _____

Expiration Date _____ Three/Four digit validation code _____

Daytime Phone _____ E-mail _____

Card Holder's Signature _____

Hospital Affiliation: _____

PLEASE CHECK APPROPRIATE COLUMN FOR EACH FAMILY MEMBER

Refer to Assembly Itinerary for dates, times & locations

Please PRINT your name(s) as desired on name badge(s) Use one row per name for each person attending the Assembly	Assembly Registration										MCEP Programs					Children's Program Totals (separate forms) <i>Totals carried over from back for each additional registrant</i>	T O T A L
		MCEP Physician	A CEP Physician	Physician, Non-member	Nurse/PA/EMT	Resident/Student*	Faculty	Exhibitor	Spouse/Guest/Family	Symposium 7/30	Opening Reception 7/30	Annual Meeting/Lunch 7/31	Golf Outing 8/1	Presidents' Banquet 8/1			
	Before 6/15	\$485	\$495	\$585	\$265	\$50	N/C	N/C	N/C	N/C	N/C	N/C	\$85/ \$140•	\$0/85•			
After 6/15	\$510	\$520	\$610	\$290	\$75	N/C	N/C	N/C	N/C	N/C	N/C	\$85/ \$140•	\$0/85•				
<i>(Example)</i> Dr. John Doe Mrs. Jane Doe (& family) Billy Doe (7)		\$485								X	X	X	\$85	\$0/Grand			\$570 \$ 0 \$180 \$750
•The top price separated by a slash (/) indicates the price if you are a Grand Hotel guest – the price below the slash is the price for the activity if you are not staying at the Grand Hotel.														GRAND TOTAL			

Registrant: _____

CHILDREN'S PROGRAM REGISTRATION FORM
 Michigan Emergency Medicine Assembly, July 30-Aug 2, 2017
 Please refer to brochure for program descriptions, dates, and times.

PLEASE PRINT		Children's Programs			Please carry each individual's total over to the Assembly Registration Form in the Designated Box
		Hike to Fort & Butterfly House Monday, 7/31	Summer Fun Tuesday, 8/1	Evening Grand Getaway Tuesday, 8/1	
		Ages 5 & up	Ages 5 & up	Ages 5 & up	
		\$60	\$55	\$65 (Grand Hotel guest)/ \$75 (non-Grand Hotel guest)	
FIRST/LAST NAME	Child's Age				TOTAL
<i>ie: Billy Doe</i>	7	\$60	\$55	\$65 (Grand)	\$180

(Remember to transfer all individual spouse/children totals to the Assembly Registration Form in the box provided.)

Please be sure to return this form along with the Assembly Registration Form!